

Trainer's Newsletter

Thoroughbred & Quarter Horse

Inside

Indiana Equine Drug Testing Program for 2015

Executive Director's Letter

Indiana's 2015 drug testing program includes a new primary testing laboratory, a unique-to-the-industry audit laboratory, expanded out-of-competition testing and cobalt testing. Several new elements in this year's program are consistent with recommendations made by The Jockey Club in their much publicized 2014 McKinsey Report *"Raising the Standard of Testing and Enforcement."*

Bucking the Downward Trend

Primary Laboratory: Truesdail Laboratory in Tustin California has been selected by the Indiana Department of Administration to be the Commission's primary laboratory. Truesdail is accredited by the Racing Medication and Testing Consortium. Truesdail's contract will include performance based metrics, ensuring the quality of its testing and the timeliness of reporting.



Advice on Avoiding Positives

Quality Assurance Program: The quality of Indiana's testing will be further ensured by the addition of an audit laboratory, which will perform periodic testing. A number of samples will be sent to this laboratory for quality assurance. The Commission has committed up to \$100,000 toward the audit program. Industrial Laboratory in Denver, Colorado will perform this important function for the Commission.

among the first states in the nation to initiate an out-of-competition testing program. Since 2007, Indiana has conducted more than 2,000 such tests. In Indiana, out-of-competition testing is conducted at race tracks, training centers, and private farms.

An RMTC Q & A

Q & A with Kevin Greely

Out-of-Competition Testing: The Commission will increase its target for out-of-competition testing to 500 horses for 2015. This increase doubles the Indiana Horse Racing Commission's historical average of annual out-of-competition tests. The new benchmark will raise Indiana's out-of-competition tests to more than 10 percent of the total number of horses tested annually. Indiana was

Cobalt: The Commission will continue to test for cobalt in 2015. The threshold will remain at 25 parts per billion (ppb). Indiana, the first state in the nation to regulate cobalt, experienced a decrease of 87 percent in horses racing with elevated levels once its regulatory threshold became effective on September 30, 2014. Additionally, cobalt has been included in the list of substances regulated through out-of-competition testing. The Commission has allocated up to \$50,000 for cobalt testing in 2015.

Health Certificates

Director's Letter

Dear Trainer,

Welcome to the 2015 racing season.

In order to train successfully in Indiana you will need to know our rules and policies. The Commission's medication rules are, of course, among the most important for you to know. You want to train your horse to its maximum abilities while avoiding a positive test and the associated penalties.



This newsletter is intended to assist you in reaching that goal. I have asked Dr. Dionne Benson, Executive Director of the RMTTC (Racing Medication & Testing Consortium), to provide advice on avoiding positive tests.

Also included is an excerpt from a newly produced Q & A by the RMTTC. It is a *must read* for all trainers and veterinarians. Read our excerpts and then go online to www.rmtcnet.com/content_faq.asp to read the rest. You aren't likely to find a better source document to inform you of the state of medication policies in the United States.

One change to the Commission's Integrity Program will be the addition of 'In-Today' signage on the stalls of horses as they are identified each morning.

Trainers, it will be your responsibility to make sure these signs are not moved. Track personnel will remove the sign after your horse races.

Best of Racing Luck,

Joe Gorajec



Indiana Bucks Downward Trend

Only One of Two States to Increase Foal Production

The facts are out and Indiana stands alone. The Jockey Club 2015 Fact Book names Indiana as the only top 20 foal producing state to show an increase over the past ten years (2004 – 2013). During that timeframe the Hoosier state increased its foal production 24.8%, which contrasts with a 39.8% national decline. The Jockey Club is the national breed registry association for thoroughbreds and publishes the online Fact Book, a statistical and informational guide to Thoroughbred breeding, racing and auction sales in North America. It can be found on the Jockey Club's website at www.jockeyclub.com.

The primary reason for Indiana's growth is 2007 legislation that permitted slot machines at Indiana racetracks. Once implemented, the revenue allocated to the Thoroughbred Breed Development Program increased by more than 400%, from \$3.1 million to more than \$13 million annually.

While widely beneficial, slot machines are not the sole reason for Indiana's unique status as the **only** top 20 positive trend state. Other racino states such as Louisiana, New York, Pennsylvania, New Mexico and West Virginia all posted double digit declines. The Indiana Thoroughbred Breed Development Program offers benefits to program participants including eligibility to a lucrative stakes program, increased purses for Indiana bred races, purse supplements for Indiana bred finishing 1st, 2nd or 3rd in open races, and in-state and out-of-state awards for breeders.

"The Governor-appointed breed advisory committees, past and present, should be proud of the Indiana state bred program they have helped to build," said Joe Gorajec, Executive Director.

Centaur Gaming, owner of Indiana Grand Racing and Casino, also has played a major role in enhancing Indiana's breed program – not only hosting the program, but also becoming a significant contributor to its development.

The entire racetrack, from ownership, management, and Director of Racing, Kevin Greeley, strives to produce a top notch racing program, which includes the program for Indiana bred horses, dedicating track purse dollars to continue to promote its growth.

State by 2013 Ranking	2004 Registered Foals	2013 Registered Foals	% of Change
Kentucky	9835	7338	-25.4
Florida	4496	2116	-52.9
California	3787	1663	-56.1
Louisiana	1906	1495	-21.6
New York	2025	1424	-29.7
Pennsylvania	984	871	-11.5
Oklahoma	853	646	-24.3
New Mexico	796	582	-26.9
West Virginia	645	575	-10.9
Indiana	459	573	24.8
Texas	1747	566	-67.6
Maryland	904	430	-52.4
Illinois	973	398	-59.1
Ohio	481	312	-35.1
Washington	683	273	-60.0
Iowa	364	253	-30.5
Arkansas	298	241	-19.1
Minnesota	311	229	-26.4
Virginia	425	148	-65.2
New Jersey	334	142	-57.5

Source: Jockey Club 2015 Fact Book

Good Advice on Avoiding Positive Tests

Each of the medications on the Controlled Therapeutic Substances (CTS) list has a corresponding threshold. That threshold represents the permitted concentration of a substance in the urine or blood of the horse. If the horse tests above that threshold, it is considered a positive test. One of the questions often asked is how trainers can avoid getting positive tests for medications on the CTS list. Here are a few suggestions for avoiding medication overages:

Have a good working relationship with your veterinarian. A trainer should be able to ask the vet about the purpose of a medication, potential drug interactions, and any potential side effects for the horse of its administration. The veterinarian also has access to scientific papers upon which the majority of thresholds are based – these should aid your vet when advising you.

Ensure horses are properly dosed. Many of the medications on the CTS list are based upon a milligram of medication per kilogram of the horse dose. For example if a 410 kg (~900 lb) 2-year-old filly and a 500 kg (~1100 lb) 4-year-old gelding are each given 2 grams of phenylbutazone it will result in a much higher drug concentration in the filly and will generally require a longer withdrawal time.

“Use FDA-approved medications whenever available. Other compounds have had 800 percent or more of the label concentration of the active ingredient present – which can lead to overages and health issues for horses.”

Use FDA-approved medications whenever available. FDA approved medications have guaranteed concentrations of the active ingredient. Some compounded medications recently tested have had less than 0.01 percent of the label concentration of active ingredient present – making them essentially useless. Other compounds have had 800 percent or more of the label concentration of the active ingredient present – which can lead to overages and health issues for horses.

Be particularly careful with oral medications. For example, dexamethasone can be given intravenously, intramuscularly, or orally. Absent good communication between barn staff and veterinarians, there have been instances where horses have been administered a dose of oral dexamethasone within 72 hours of racing, administered a dose that exceeds 0.05 mg/kg, or the horse has been administered an oral dose by the barn staff and an IV dose by the vet at 72 hours which would increase the necessary withdrawal time.



Dionne Benson, DVM
RMTTC Executive Director

Use methylprednisolone acetate with caution. Methylprednisolone acetate should likely not be used intramuscularly in a horse that is scheduled to race. Methylprednisolone acetate stays in the joint for long periods of time – up to several months. Because of this, repeated dosing with this medication has a higher likelihood of causing unintentional overages than some of the other intra-articular corticosteroids. Use lower doses – recent research at the University of Kentucky has shown that lower doses of methylprednisolone acetate are actually more beneficial than higher doses, which can cause cell death. RMTC’s and Indiana’s recommended withdrawal guideline is 21 days for methylprednisolone acetate. Ensure your veterinarian is using the lowest possible dose in each joint to protect horse welfare and decrease the likelihood of an overage.



Q & A

Thresholds...

How were the thresholds developed?

Some of the thresholds are based upon historical data and research (e.g., phenylbutazone, flunixin meglumine and furosemide). The majority of the thresholds, however, were developed using research studies funded by the RMTC or studies shared with the RMTC from similar international studies. In the majority of the RMTC studies, between 16 and 22 horses were used. First, the subject medication was administered at clinically relevant dosages based on either manufacturer's recommendations or input from clinicians and/or veterinary pharmacologists. Once a medication was administered, researchers collected blood, and in some cases urine, at predetermined times post administration. Once the samples were collected, the analytic laboratory analyzed the samples using a validated method and provided their results to the RMTC. Most of these studies have been published or are in the process of being published in peer reviewed journals.

Withdrawal guidelines...

Can I confidently use withdrawal guideline recommendations for all medications on the CTS located on the RMTC website?

The withdrawal guidelines do not guarantee that a positive finding will not occur. There is always the possibility of an outlier – a horse that for some reason metabolizes medication more slowly than others – but the statistical analysis used in determining the thresholds is very robust and designed to minimize

that risk. Moreover, if dosing guidelines for the medication or administration routes recommended are not followed, there is an increased chance of a positive finding.

Furthermore, the experiments performed to set these thresholds do have limitations. The experiments were performed using a specific dose of each medication and did not account for concurrent administration of other medications or other substances – which could affect the length of time required for the medication or its metabolite to fall below the regulatory threshold. Trainers and veterinarians are encouraged to perform their own risk assessment based upon the characteristics of the medication, its rate of clearance, and the dose and route of administration as well as the treatment of the horse with other substances. The use of compounded medications can also cause unintentional overages – even if the recommended dose is used based on label concentration – because in some cases compounded medications do not contain the label concentration of the active ingredient.

The RMTC withdrawal recommendations use the best information available at the time, but ultimately it is the responsibility of the trainer in consultation with his or her veterinarian to do the appropriate risk analysis based on the numerous factors that can effect drug elimination. Drug formulation, route of administration, multiple drug interactions, horse health, size, exercise activity, fitness and many other factors can impact drug eliminations and need to be considered when drugs are used in racing.

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Picogram Levels...

Why are we regulating medications to levels as low as picograms?

The RMTC has attempted to regulate as many CTS (Controlled Therapeutic Substances) as possible in blood. Picograms per milliliter (pg/mL) concentrations in blood are pharmacologically active for many drugs. The same is true for some drugs when found in urine. For this reason, several medications are regulated at concentrations expressed in pg/mL in the horse. While pg/mL concentrations may seem small, the concentration of each of these medications falls below nanograms per milliliter (ng/mL) in blood quickly. In fact, in every case where medications are regulated at thresholds expressed at pg/mL in blood, the concentration of each was below 1

ng/mL at 24 hours in research studies. These include substances such as corticosteroids which we know have effects that last months in the joint. Therefore, regulation at pg/mL is the only appropriate way to control the use of these medications in the racing environment.

It should also be recognized that many of the thresholds for substances on the CTS list are in blood rather than urine. The concentration of a drug in blood is almost always much less than the corresponding concentration of the drug in urine so the switch from urine to blood often necessitates use of a much lower threshold in order to regulate race day or longer use of the drug.

Attention Horsemen

Post-race and out-of-competition samples are subject to analysis for excessive levels of cobalt. The trigger for a cobalt positive test is 25 ppb (parts per billion).

Cobalt Testing

Horsemen have access to the University of Kentucky Veterinary Diagnostic Laboratory to determine cobalt concentrations on their horses.

For more information, visit the Commission's website at www.in.gov/hrc.

Five Questions with Kevin Greely – Director of Racing Indiana Grand Racing & Casino

What is the post time schedule and racing season for 2015? We will race 120 days beginning Tuesday, April 21 and moving through Saturday, October 31, ending once again on Breeders' Cup Day. We will start off with racing held Tuesday, Wednesday and Friday at 2:05 p.m. with Saturday racing moved to 6:05 p.m. With the exception of a special Thursday racing card on July 16, we will pick up Thursday racing at 2:05 p.m. beginning September 17 through the remainder of the meet.

What additions and/or changes will there be to the racing program in 2015? Purses will stay about the same as in 2014. We have added two new overnight stakes. One is the "Brandywine" and will be run over the grass for fillies and mares and the other one will be the "PDJF Stakes," which will be run during "Jockeys and Jeans" on May 30. "Jockeys and Jeans" is getting national attention and will raise funding for PDJF. All three living Triple Crown jockeys including Ron Turcotte, Jean Cruguet and Steve Cauthen will make an appearance along with numerous Hall of Fame riders who will be in attendance. HRTV will be on site once again giving our racing program national coverage and promoting horse racing in the state of Indiana.

When will the major stakes races, such as the Indiana Derby, take place? The Indiana Derby has been moved to Saturday, July 18. The

"Centaur Gaming is continuing their commitment to provide upgrades on the backstretch. The new dorm is completed and will add 45 new rooms for grooms and hot walkers, bringing the total number of rooms available to 103."



Kevin Greely

event will include four days of stakes races in the "Indiana Grand National Racing Festival" set to take place Wednesday, July 15 – Saturday, July 18. We will add a special day of racing that week on Thursday to create synergy leading up to the Derby. The night before the Derby on Friday, July 17 will feature an outdoor concert after the afternoon racing card. The Centaur Stakes has been moved to Wednesday, September 9.

What will be implemented for Quarter Horse racing in 2015? We will offer six all-Quarter Horse racing dates again in 2015. A new stakes race, the Harley Greene, will be implemented bringing the total of Quarter Horse stakes to 20. Quarter Horse purses will see an increase with money to run 20 additional Quarter Horse races. Also, construction on the new 100-stall Quarter Horse barn will begin in 2015.

What changes will horsemen see on the backstretch in 2015? Coming off a year when several major capital projects were completed, such as a new racing surface, four new barns, a new Jumbotron, new walkers, and an upgraded Backstretch Café, Centaur Gaming is continuing their commitment to provide upgrades on the backstretch. The new dorm is completed and will add 45 new rooms for grooms and hot walkers, bringing the total number of rooms available to 103. The dorms include individual showers, a laundry facility complete with washers and dryers, and cable and internet connections.



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to Read
This!

HEALTH CERTIFICATES

Horses shipping in from out of state must provide a current Health Certificate from the state of origin. **Example:** If you are shipping from Kentucky, the certificate should be issued in Kentucky.

Horses arriving without current certificates **will not** be allowed entrance to the stable area. IHRC licensed veterinarians will not issue health certificates for this purpose.

INDIANA HORSE RACING COMMISSION

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